

EXHIBIT 28

A-08.4 Attachment A**Effective: 11/5/2019****Replaces: 5/28/2019****Reviewed: 7/2023****GUIDELINES FOR COMPLETING THE HEALTH SUMMARY FOR CLASSIFICATION FORM**

The purpose of the Health Summary for Classification form is to provide medical and mental health information for each inmate to assist the classification committee in making appropriate assignments. Facility housing, work and transportation restrictions must be based upon orders by a physician, mid-level provider, dentist, or qualified mental health professional (QMHP) and are entered into the Restrictions Module of EHR. Disciplinary and Individualized Treatment Plan (ITP) restrictions may be based upon recommendation of a, QMHP, nurse, physician or mid-level provider. Reference the Health Summary for Classification User Guide for data entry instructions. The specific information to be placed in each item of the form is described below.

I. Facility Assignment

A. No Restrictions -- In terms of health consideration, the inmate can be placed on any facility in the system. (This is the default selection.)

B. Single Level Facility -- This category is for inmates who are physically unable to climb stairs and are therefore unable to access approved programs on a multi-level facility.

C. Unit with Extended Hours -- This category is for all inmates who require placement on units with extended medical hours of operation (12 hrs or more per day, 7 days per week) for one of the following specific reasons:

1. (I)-prescribed insulin,
2. (M)-prescribed any chronic non-KOP medication that must be taken more frequently than once per day or must be taken in the afternoon or evening, or
3. (B)-inmates prescribed both insulin and any chronic non-KOP medication that must be taken more frequently than once per day or in the afternoon or evening. This restriction can only be used for inmates who meet these criteria.

II. Housing Assignments - Information to complete these categories should be obtained from the physical exam, doctor's orders, and/or the ITP.**A. Basic Housing**

1. **No restrictions** -- This means that from a health standpoint, the inmate can be assigned to any available housing. (This is the default selection.)
2. **Single Cell Only** -- The following types of inmates must be single celled:
 - a. Inmates with physical disabilities if recommended by their ITP.
 - b. Mental health patients at the recommendation of the treating psychiatrist or psychiatric mid-level provider; and,
 - c. Patients who have been released from tuberculosis (TB) isolation after having received at least two weeks of antituberculosis therapy and three consecutive negative sputum smears must be single-celled until one of the following criteria is met: (1) TB is ruled out; or, (2) All sputum cultures from two successive months are negative. (Refer to CMC Policy B-14.10 "Tuberculosis" Section VI for more information.)
3. **Special Housing** -- (Housing with an inmate with a like medical condition). This is not a housing type (cell block vs. dorm) instruction to classification. This notifies unit classification that if for security reasons an inmate must be housed on a cell block that a suitable housing partner must be located by contacting the unit medical department. (Refer to CMC Policy B-14.50, "Housing and Job Restrictions.") This restriction may also be used temporarily for communicable contagious medical conditions such as gastrointestinal illness, mumps, etc. The duration of the restriction should be limited to the length of the incubation or infectious period. Guidance for this purpose should be obtained from the TDCJ Office of Public Health.
4. **Cell Block Only** -- For inmates who are psychiatrically inappropriate for dormitory housing.

B. Bunk Assignment

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1. **No Restrictions** -- This means the inmate can be assigned either the upper or lower bunk. (This is the default selection.)
2. **Lower Only** -- This category should be used for an inmate whose medical condition creates major difficulties with climbing into an upper bunk. Examples include an inmate who is feeble or infirm due to age, conditions such as disabling arthritis, amputation, paraplegia, epilepsy, sensory disturbances, morbid obesity, significant back pathology (e.g., grade 2 or > spondylolisthesis), significant cardiovascular or respiratory disease, etc. (This restriction impacts heavily on facility operations and should be used judiciously).

C. Row Assignments

1. **No Restrictions** -- This means the inmate can be placed on any row. (This is the default selection.)
2. **Ground Floor Only** -- This category should be used for individuals whose medical or mental health (secondary to heat) condition contraindicates climbing stairs or living on a higher row. Examples include inmates whose condition requires a wheelchair, walker, or two crutches; bilateral lower extremity prostheses; severe lower extremity instability without prescription brace; severe CHF and/or CAD with moderate to severe angina; and/or severe COPD (requires respiratory consultation). A Ground Floor Only restriction does not necessitate assignment to a single-level unit.

D. Wheelchair Use – Please mark appropriately:

1. **No restriction.** Check this box for inmates who are not wheelchair dependent. (This is the default selection.)
2. **Assistive Disabilities Services (ADS) provider-ordered Wheelchair.** Wheelchair use that is ordered by an Assistive Disabilities Services (ADS) provider and approved by the Clinical Director of ADS. Inmates prescribed an ADS wheelchair should be assigned to a housing area designated for those who use wheelchairs for mobility.
3. **Permanent Wheelchair:** Wheelchair use that is ordered by a medical provider for an inmate who is expected to require permanent use of a wheelchair for mobility but does not qualify for an ADS wheelchair. Inmates prescribed a permanent wheelchair should be assigned to a housing area designated for those who use wheelchairs for mobility.
4. **Security Use (Convenience) Wheelchair:** Security may, at any time and for any reason, elect to use a wheelchair to transport an inmate from one place to another within the facility at the discretion of the appropriate security chain of command. A wheelchair used in this manner should not be left in the inmate's possession and does not indicate need for change in housing or transportation restrictions. However, repeated use of a wheelchair in this manner should be brought to the unit medical director's attention.
5. **Temporary Wheelchair:** Wheelchair use that is ordered by a medical provider for an inmate for a temporary condition and is expected to not require permanent use of a wheelchair for mobility. The provider should indicate the number of days for which a wheelchair pass is issued. Inmates prescribed a temporary wheelchair may be assigned to a housing area designated for those who use wheelchairs for mobility.
6. **Utility Use Wheelchair.** Wheelchair use that is ordered by a medical provider for an inmate who is not dependent on a wheelchair for all mobility but for whom the provider feels wheelchair use is necessary on a limited basis (i.e., Inmates who can ambulate short distances but experience weakness or are unable to walk long distances.) The provider should indicate the number of days for which the utility use wheelchair pass is issued. Inmates in this category are not assigned to a housing area designated for inmates who use wheelchairs for all mobility.

III. Work Assignment/Restrictions

- A. These categories are intended to reflect restrictions of six days or longer.
- B. Indicate all of the following work restrictions that apply:

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1. **Medically Unassigned** - This means the inmate should not be given a regular work assignment due to a medical condition. Inmate may attend school or pre-release programs if approved by the provider.
2. Reserved
3. **Sedentary Work Only** - Assign to work that is limited to a sitting position and that does not require strenuous activity.
4. **Four Hour Work Restriction – The patient** may be assigned to any job commensurate with work restrictions for four hours only.
5. Reserved
6. **Excuse From School/Programming** - May not attend regular schooling due to medical or mental health conditions.
7. **Limited Standing** – Assign to work where inmate may elevate lower extremities for 10 minutes each hour. If this is too restrictive, consider “Sedentary Work Only”.
8. **No Walking > ____ yards** – Indicate general distances which an inmate should not exceed on the job due to physical limitations. This number should not be less than the distance required to sustain activities of daily living (distance to chow hall, shower, and medical department.)
9. **No Lifting > ____ lbs.** – Indicate the number of pounds the inmate can safely lift in light of an existing impairment.
10. **No Repetitive Bending at Waist** - Assign to work not requiring repetitive or frequent bending at waist. This applies to individuals with severe obesity, back problems, vertigo, etc.
11. **No Repetitive Squatting** - Assign to work not requiring *repetitive* or frequent bending of the knees. This applies to individuals with moderate to severe lower extremity arthritis, internal derangements of the knee, etc.
12. **No Climbing** - Assign to work not requiring the use of ladders and/or scaffolding. This applies to individuals with unstable cardiovascular or pulmonary disease, severe joint problems, seizure disorders, etc. If lower row housing is medically necessary as indicated under II.C. #2 Ground Floor Only, then work assignment should also exclude jobs requiring the use of stairs, step stools, and/or steep inclines. A No Climbing restriction does not necessitate assignment to a single-level unit.
13. **Limited Sitting** - Assign to work where prolonged sitting is not required or where standing for at least 10 minutes every hour is allowed. This applies to individuals with severe hemorrhoidal disease, fractured coccyx, etc.
14. **No Reaching Over Shoulders** - This applies to individuals with shoulder functional restrictions.
15. **No Food Service** - This applies to individuals with diseases that could be transmitted via food products. (Refer to CMC Policy B-14.42, “Food Handlers.”)
16. **No Repetitive Use of Hands** - Restrict from work requiring hand dexterity or grip strength and/or work, which causes or aggravates cumulative trauma syndromes of the hand. This applies to individuals with thumb or multiple finger amputations, carpal tunnel syndrome, severe hand or wrist joint problems, etc.
17. **No Walking on Wet, Uneven Surfaces** - Restrict from work routinely or frequently requiring walking on slippery, sticky, or uneven surfaces.
18. **Do Not Assign to Medical** - This applies to individuals who could be compromised by working around medically contaminated matter.
19. **No Work in Direct Sunlight** - This applies to individuals taking certain medications or who have conditions that are significantly aggravated by exposure to direct sunlight for which sunscreen and/or other protective clothing or equipment is inadequate. (Refer to CMC Policy D-27.3, “Photosensitivity.”)

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20. No Temperature Extremes - This applies to individuals prescribed certain heat-sensitive medication or who have a condition sensitive to temperature extremes such as Reynaud's Phenomenon, history of heat stroke, etc. Heat index and chill factor should be taken into account when considering temperature extremes. (Refer to CMC Policy D-27.2 "Heat Stress" Attachment A for list of heat-sensitive medications.)

21. No Humidity Extremes - Restrict from work requiring exposure to very dry or very moist air. This applies to individuals with moderate to severe asthma.

22. No Exposure to Environmental Pollutants - Restrict from work in areas of high concentrations of pollen or dust. This applies to individuals with severe allergic rhinitis with recurrent sinusitis or conjunctivitis and/or moderate to severe reactive airway disease. This restriction is to be individualized and is not intended for all asthmatics or individuals with allergic rhinitis. (Refer to CMC Policy B-14.50, "Housing and Job Restrictions.")

23. No Work With Chemicals or Irritants - Restrict from work exposure to identified irritants such as poison ivy, detergents and irritating fumes, smoke or chemicals. (Water is considered an irritant if prolonged exposure produces extreme skin reaction or disease.)

24. No Work Requiring Safety Boots.

25. No Work Around Machines With Moving Parts - This applies to individuals with seizure disorder or any condition (disease or pharmaceutically induced), which could impair alertness.

26. No Work Exposure to Loud Noises - This applies to individuals who require strict hearing conservation measures, individuals with severe anxiety disorders, etc.

IV. Disciplinary Process:

A. No restrictions - This means that no special consideration needs to be made for health reasons prior to a disciplinary action being taken. (This is the default selection.)

B. Consult representative of mental health department before taking disciplinary action - This category should be checked for diagnosed psychiatric patients, intellectually disabled inmates and for individuals with certain psychological problems at the discretion of the mental health team.

C. Consult representative of the medical department before taking disciplinary action. Certain medical conditions (e.g., patients on dialysis, mobility impairments) may require special consideration prior to disciplinary actions. In these cases, the physician must note this in the health record.

V. Individualized Treatment Plan - This is the classification committee process which identifies areas of treatment, schooling, vocational training and job plan best suited to the individual rehabilitative effort. This treatment plan can be greatly impacted for inmates with significant physical or mental limitations (e.g., mobility, endurance, environmental or cognitive impairments).

A. No Restriction - having no medical or mental health conditions requiring planning input. (This is the default selection.)

B. Medical Representative Required - The unit medical team should provide input on the ITP for an inmate with significant medical restrictions.

C. Mental Health Representative Required - unit QMHP should provide input on the ITP for an inmate with significant mental illness.

VI. Routine Transportation Restrictions

A. No Restriction - In terms of physical limitations, the inmate may be transported routinely via chain bus. (This is the default selection.)

B. EMS Ambulance - This applies to inmates with chronic medical/physical conditions that require skilled medical attendants during routine transport. This does not apply to all infirmary patients.

C. Wheelchair Van - This applies to inmates who are wheelchair confined and can sit up unattended during routine transfers.

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D. Multi-Patient Vehicle (MPV) – The inmate is not medically appropriate for chain bus, ambulance, unit van or wheelchair van. (MPV transportation is scheduled by UTMB clerical staff contacting UTMB Patient Evacuation Command Center.)

E. Van – This restriction applies to inmates who are acute psychiatric inpatients, in sheltered housing for mental health reasons and chronic mental health inpatients. (See CMC Policy E-42.3, Section VIII.)